

TOWN OF MONTEREY BOARD OF HEALTH

Application for License to Operate Recreational/Overnight Camps/Cabins, or Recreational Camps for Children

In accordance with Chapter 140, Sections 32a, 32b, 32c, 32d and 32e of laws of the MGL and 105 CMR 430.000 State Sanitary Code

Chapter IV

PLEASE PRINT _____ Children's Camp Fee (\$200) _____ ?Overnight/Cabin/Camp Fee (\$200)

DATE _____ Amount Paid: _____ Check #: _____

Company Name _____ Telephone _____ Fax _____

Facility Address _____

Name of Owner/Contact _____ Telephone _____ Fax _____

Mailing Address _____

Federal ID or Social Security No. _____

Name of Camp _____ Name of Contact Person/Director _____

Facility Address _____

If business is a corporation or partnership, list name, title, home address and phone number of each officer or partner.

Name	Title	Address	Phone
Name	Title	Address	Phone
State of Incorporation _____	Potable Water Source:	Public Private	Sewage Disposal: Public Private

Please answer all questions applicable to your camp operation:

Emergency Response Person _____ Home Phone _____

Dates of Operation _____ Days and hours of operation _____

Number of swimming pools used _____ Name of Certified Pool Owner _____

List any natural water bodies used for swimming or other water sports activities: _____

Number of Campers: _____ Number of Counselors: _____ Number of Counselors under age 16: _____

Number of Camp/Tent sites used: _____

Do all buildings have current certificates of inspection issued by the local Building Commissioner? _____

If response is no, please explain status: _____

Pursuant to MGL Chapter 62c, Section 49a and in accordance with the provisions of Chapter 140 Section 32A of MGL, the applicant named above and it's director has complied to the fullest applicable regulations including CORI/SORI checks on all staff and volunteers. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Applicant

Date _____

Signature of Individual for Corporation (Corporate Office)

Date _____

Fee must accompany application

12/2006